

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049215

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12491 STATE FILE NUMBER

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis, Missouri</u>		Length of stay in 1b <u>10 Days</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Vets Admin Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5528 Alcott</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>Roy</u> Last <u>Aubrey</u>			4. DATE OF DEATH Month <u>12</u> Day <u>15</u> Year <u>63</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/14/90</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>World Color Printing</u>		11. BIRTHPLACE (City and state or country) <u>Hepner, Oregon</u>	
13a. FATHER'S NAME <u>Thomas C Aubrey</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Beymer</u>		14. NAME OF HUSBAND OR WIFE <u>Delphine Aubrey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Delphine Aubrey, Wife, see 2 above</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MULTIPLE PULMONARY EMBOLI</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
DUE TO (b) <u>CARCINOMA PROSTATE</u>		
DUE TO (c) <u>177x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Uremia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from 12/6/63 to 12/15/63 and last saw him alive on 12/15/63
Death occurred at 8:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> MD	22b. ADDRESS <u>VAH, St. Louis, Mo.</u>	22c. DATE SIGNED <u>12/15/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-18-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 E. Fair St. Louis, Missouri 63107</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 17 1963</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 2 20
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 83
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Welford G Brumby

Licensed Embalmer No. 4202

S:

P. O. Address

St. Joseph's

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.